

**PROJECT INFORMATION DOCUMENT (PID)
IDENTIFICATION/CONCEPT STAGE**

Report No.: PIDC90504

Project Name	Lebanon MoPH Statistical Capacity Building Project
Region	MIDDLE EAST AND NORTH AFRICA
Country	Lebanon
Lending Instrument	IPF
Project ID	P161766
Borrower Name	Ministry of Public Statistics Department
Implementing Agency	The World Bank
Environment Category	C - Not Required
Date PID Prepared	08-Sep-2016
Estimated Date of Approval	20-Sep-2016
Initiation Note Review Decision	The review did authorize the preparation to continue

I. Introduction and Context

Country Context

Since 2011, the Syrian crisis and the associated inflow of refugees continue to dominate Lebanon's short-term outlook, compounding long-standing policy weaknesses and reflecting inherent development and governance failures to address issues related to the poor and vulnerable. Today, Lebanon has more than 1.5 million refugees resulting in a ratio of 1 Syrian refugee to 5 Lebanese. As the Syria conflict deepens and becomes more prolonged, the Government of Lebanon (GOL) is facing significant development challenges including dramatic rise in poverty and vulnerability, and a significant increase in demand for public services. In the face of this situation, the government has redefined its development objectives to focus on short term emergency responses, as well as building systems and capacities equipped to handle the demands of a larger population and able to have lasting development impacts for the country.

Among the main obstacles facing the GOL to respond to the crisis is the lack of timely and reliable data to monitor the situation and adequately plan for development interventions. This is especially critical in the health sector with the increase in communicable diseases and escalating demand and cost of health services. Against this background, addressing data gaps is needed to better understand the constraints and opportunities in defining core development goals.

Sectoral and Institutional Context

In 2008, the Presidency of the Council of Ministers obtained a grant from the World Bank's Trust Fund for Statistical Capacity (TFSCB) building to prepare a Statistical Master Plan (SMP). Accordingly, the Bank assisted the Central Administration for Statistics (CAS) develop an integrated and comprehensive implementation plan for the strategic development of Lebanon national statistical system. The plan stated that Lebanon's statistical system has suffered from

prolonged destruction and devastation caused by the civil war and prolonged conflict. The system faced major bottlenecks, both technical and institutional in nature as well as large gaps and weaknesses in the quality of data. Even when data exists, they are not shared and are not conducive to policy analysis and evidence based decision making. As a result, the SMP concluded among other things, that there is a need to strengthen the capacities of the line ministries to provide better data for informed policy on the key economic and poverty analysis issues by improving the information database and the staff analytical skills.

Today, the weak statistical system continues to persist, both at the central level as well as at sector ministries level. The Ministry of Public Health (MoPH) is no exception. The MoPH statistical system has limited capacity to generate adequate flow of data to support decision making towards achieving equity and efficiency in the health sector, largely due to lack of personnel and a fragmented information system. As such, the MoPH is requesting Bank's assistance to strengthen the capacity of the Statistics Department (SD) by putting in place an effective and efficient statistical system that will foster evidence-based policy making and effective monitoring of the health sector.

Relationship to CAS/CPS/CPF

Data availability and access to information were identified in the 2015 SCD as foundational constraints that impact evidence-based policy, and stands in the way of an informed population in Lebanon. The SCD identifies deficiencies in the timeliness of data, its reliability due to weak overall statistical capacity, and inadequate data coverage in key areas such as poverty, income distribution, and economic measurements. The SCD further defines data availability as one of the cross-cutting areas for the program.

Consequently, the Lebanon CPF (FY2016-2021) recognizes the need for strengthening data collection and analysis to improve the debate on policy reforms. Accordingly, the objectives of the CPF are underpinned by the cross-cutting theme of governance, improving data availability, and contributing to the debate on policy reforms.

II. Project Development Objective(s)

Proposed Development Objective(s)

The proposed development objective of this grant is to strengthen the capacity of the MoPH Statistics Department to provide better data for informed policy on key health sector performance issues.

The program aims to achieve this objective by improving MoPH information database and building the analytical skills of its staff.

Key Results

- (€ List of key performance indicators (KPIs) identified including metrics of disease burden, equity and efficiency of health sector, as well as health financing and economic metrics. The KPI and health metrics will be constructed using internationally accepted best practice
- (€ National Health Accounts (NHA) analysis and report finalized
- (€ Improved capacity of SD staff in in the areas of statistical analysis, health policy analysis and formulation, and National Health Accounts
- (€ An ICT system for ensuring interoperability of the existing databases

III. Preliminary Description

Concept Description

Proposed Activities:

The MoPH recognizes that data and information management is vital to the success of planned reforms to improve the efficiency and access to health services, address equity, and improve transparency and governance in key areas, including hospital and primary health care, morbidity and mortality, and health financing. To achieve these objectives, the MoPH collaborated in several projects in the past with several agencies mainly with World Health Organization (WHO) and the United Nations Population Fund (UNFPA). This included the work on births and deaths data collection from the Ministry of Interior and Municipalities (MOIM) through MOPH district health offices; and the Maternal Neonatal Mortality Notification System, which collects data from hospitals on maternal and neonatal deaths. Currently, the SD is collaborating with WHO in a major initiative aimed at collecting certificates of death for the Beirut Governorate through the MOIM.

The proposed program will build on these achievements as well as on past and existing WB projects in Lebanon, namely:

- i) The Second Emergency Social Protection Implementation Support Project (P111849), Component II: Rationalize Health Sector Expenditures. One of the objectives of this component was to improve the efficiency of MOPH hospital expenditures through the Automation of the Billing System (ABS) and the establishment of a system for performance-based contracting with hospitals.
- ii) The Lebanon Emergency Primary Health Care Restoration Project (P152646), which aims at strengthening the capacity of the MOH to provide essential services to poor Lebanese most affected by the Syrian crisis. An important component of this project is to strengthen the Health Information System (HIS) that comprises of: (i) design of a program database; (ii) development of registers and forms to gather data (enrollment registers, provider data collection forms); (iii) development of the PHC contracting and claims processing system; (iv) collection and analysis of program indicators; and (v) design of wider monitoring and verification activities.
- iii) The WB- CAS Household Survey (2010-2012).

The proposed program is divided into four main components:

Component 1: Upgrade the role of the MoPH Statistics Department (\$139,500).

In the absence of a policy unit at the MOPH, and considering the difficulty of introducing a new unit to the current MoPH organizational structure, this component aims to assist the MOPH re-define the main role and functions of the SD and lay the ground for an effective and efficient organizational

arrangement whereby the SD will become the institutional home for health policy analysis. The following activities will be conducted under this component:

- (¢ Re-define the role and functions of the SD, including its role with CAS
- (¢ Identify key stakeholders and coordination mechanisms,
- (¢ Identify the technical skills needed for SD operation, and
- (¢ Develop a staffing plan and retention policy with job descriptions for each position

Component 2: Capacity building (\$79,000)

This component aims to build the technical capacity and develop the critical understanding of the SD staff in the principles and applications of health statistics and health policy. This will entail strengthening the SD staff skills in economics, statistics, health policy, and epidemiology as well as in the use of data for health analysis. This capacity building program shall be based on the new role of the SD and the skills needs of the staff and shall consist of local workshops and short-term training courses. Specific activities under this component shall include basic training in:

- (¢ health policy
- (¢ statistical methods and analysis
- (¢ survey and research methods on health accounts (NHA)
- (¢ public and household expenditure tracking (such as PER, HHS, budget tracking)
- (¢ policy-relevant health and health system research and analyses

Component 3: System development (\$107,700)

For the past decade, the MoPH has been working on several reform programs aimed at strengthening different systems of the health sector. However, databases developed by the different programs are entered and maintained separately. Consequently, managing and maintaining these multiple databases is constrained by fragmentation and absence of uniform data standards and classification. Some of these key databases are; the maternal and neonatal registry, cancer registry, communicable disease surveillance registry, primary health care information system, and hospital utilization and billing system (visa billing system).

The aim of this component is to design a database that will allow for interoperability and serve as a main repository of health sector data ready for analysis and dissemination. The database will not only link the key MoPH databases, but will also pull relevant data from other sources such as CAS household surveys (including Demographic and Health survey), NHA, and national hospital morbidity and mortality reporting.

This component will work on the following activities:

- (¢ Develop key performance indicators for assessing the performance of the health sector including disease burden, efficiency and equity of the health sector, PHC and hospital key performance indicators, health economics indicators, as well as setting a plan to extract and monitor the progress in the health and health-related Sustainable Development Goals indicators
- (¢ Design an ICT system for ensuring interoperability of the existing databases including unification of patient identification numbers to facilitate statistical analyses for evidence based decision making in the implementation of the national health sector plan

- (€ Conduct relevant training and dissemination workshops
- (€ Develop a manual for the indicators metadata and extraction of various indicators by dataset.

Component 4: Institutionalize National Health Accounts (\$56,950)

The escalating financial pressure created by the Syrian crisis, and the resurgence of unprecedented consumption of health goods and services accompanied with unorganized financial flows, has brought to the picture the need for a solid, well established, institutionalized National Health Accounts (NHA). The production of NHA surveys are largely linked to Household Surveys (HHS), and in the absence of a HHS in the past, all NHA figures are based on projections rather than updated data. A new NHA was conducted in 2012, based on the data from the latest household survey (2011-2012) conducted by the CAS in collaboration with the World Bank.

The purpose of this component is to institutionalize NHA based on the new System of Health Accounts (SHA) 2.0. The new systems allows the production of a NHA between two time periods; the actual NHA (t1) data and the year of the study (t2). Specific activities under this component will include:

- (€ Development of a platform that can extract NHA data from the various public funds based on the structure of the Health Accounts Production Tool (NHAPT). This platform will be tailored to the specific needs of the different public funds to facilitate the timely collection, tabulation, and analysis of the data for NHA
- (€ Assign trained focal points at each public fund
- (€ Conduct training workshop(s) for the designated focal points on the new system
- (€ Provide on-the-job training and support to the focal points at the public funds for implementation
- (€ Conduct the NHA survey based on the new SHA2.0 and using the NHAPT
- (€ Analyze results
- (€ Produce an NHA report and disseminate its findings in a national seminar to key stakeholders in the country.

B. Grant Execution and Implementing Agency

The financing instrument for this activity is a grant-Based Bank Executed on Behalf of the Recipient (BEBR) for a proposed amount of US\$383,150.

The need for BEBR is based on the Bank team assessment of the situation and on the request of the MoPH to mitigate potential risks and delays in implementation. More specifically, to mitigate the risk associated with the stalemate in government as a result of the current political situation, and the constrains this may have in approvals and project implementation. Also to avoid the following: slow disbursement due to the flow of funds➤(mechanism between MOF and MoPH; lack of experienced and dedicated FM specialists; lack of accounting system to record and produce financial reports, weak internal control system, and insufficient procurement capacity.

The MoPH through the Statistics Department will be responsible for the overall implementation of the program. The SD will build on its strong collaboration with CAS) as CAS is expected to be engaged in the intended development of national set of indicators, as well as in the NHA surveys,

based on its mandate to be the body responsible for conducting national surveys in the country. The SD is also involved with CAS in other activities like tracking Millennium Development Goals (MDGs), and poverty targeting. In addition, this project will engage with other stakeholders such as public financing agents.

Supervision funds to monitor project implementation has been granted by the CMU. The CMU is allocating a total of USD 25, 000 for the next fiscal year, based on the economies of scale that we will be achieved with the missions for the Lebanon Emergency Primary Health Care Restoration project.

IV. Safeguard Policies that Might Apply

Safeguard Policies Triggered by the Project	Yes	No	TBD
Environmental Assessment OP/BP 4.01		x	
Natural Habitats OP/BP 4.04		x	
Forests OP/BP 4.36		x	
Pest Management OP 4.09		x	
Physical Cultural Resources OP/BP 4.11		x	
Indigenous Peoples OP/BP 4.10		x	
Involuntary Resettlement OP/BP 4.12		x	
Safety of Dams OP/BP 4.37		x	
Projects on International Waterways OP/BP 7.50		x	
Projects in Disputed Areas OP/BP 7.60		x	

V. Financing (in USD Million)

Total Project Cost:	0.38315	Total Bank Financing:	0
Financing Gap:	0		
Financing Source			Amount
Trust Fund for Statistical Capacity Building			0.38315

VI. Contact point

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